

**SECRET**

<b>REPORTS INVENTORY</b>						CONTROL NO. <b>DDS/OF-117</b>	
<b>PREPARE IN DUPLICATE</b>							
1. TITLE OF REPORT (if a fill-in report include Form No.)  <b>Quarterly Destruction Report</b>						2. TYPE OF REPORT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> STATISTICAL</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> NARRATIVE</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> MACHINE-NAME LISTING</div> </div>	
3. FUNCTIONAL AREA		PERSONNEL		TRAINING		ADMIN. GENERAL	
		LOGISTICS		SECURITY		OTHER (specify)	
		MEDICAL		FINANCE		<input checked="" type="checkbox"/> Administrative	
4. NO. OF COPIES PREPARED  2		5. FREQUENCY (weekly, monthly, quarterly, etc.)  Quarterly				6. DISTRIBUTION (No. of components not number of copies)  2	
7. FORMAT (memorandum, form computer print-out, etc)  Memorandum		8. ADP PROCESSING <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">YES</div> <div style="border: 1px solid black; padding: 2px;">IF YES GIVE ADP PROCESSING NO.</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> NO</div> </div>				9. DIRECTIVE AUTHORITY REQUIRING REPORT  OFI-52	
10. PREPARING COMPONENT (include lowest level contributing information to report)  OF/SS				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
<b>12. COST FACTORS</b>							
<b>A. MANUAL PREPARATION AND REVIEW COSTS</b>							
GRADE	HOURLY RATE	<input checked="" type="checkbox"/>	HOURS PER REPORT	=	COST PER REPORT	<input checked="" type="checkbox"/>	TIMES PREPARED = COST PER YEAR
GS-10	\$ 5.75		1/2		\$ 2.88		4 \$ 11.52
GS-13	9.74		1/4		2.49		4 9.96
			3/4		\$ 5.37		\$ 21.48
<b>B. COSTS OF COMPUTER PRODUCED REPORTS</b>							
<b>TOTAL COSTS PER YEAR</b>						<b>\$ 21.48</b>	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.  A listing of all non-record material destroyed during quarter is required by Records Management Officer/O-Finance in order to report to Agency Records Management Officer.							
<b>14. FUTURE GOALS</b>							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">RETAIN AS IS</div> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> OTHER (explain) to be determined by OF</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">CHANGE</div> <div style="border: 1px solid black; padding: 2px;">DISCONTINUE</div> </div>						ESTIMATED SAVINGS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MAN-HOURS</div> <div style="border: 1px solid black; padding: 2px;">DOLLARS</div> </div>	
16. DATE OF INVENTORY		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION  Approved For Release 2006/11/13 : CIA-RDP75-00399R000100110049-2					18. EXTENSION

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